

EXHIBIT A

STATE OF TEXAS CERTIFICATION OF VITAL RECORD			
DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS			
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS		STATE FILE NUMBER 142-20-132761	
STATE OF TEXAS CERTIFICATE OF DEATH			
1. LEGAL NAME OF DECEASED (Include MAID, F. M. or F. M. S. name)	2. DATE OF BIRTH (mm-dd-yyyy)	3. AGE (years)	4. DATE OF DEATH (mm-dd-yyyy)
KARL MORNEY DUNCAN	OCTOBER 27, 1963	56	JULY 26, 2020
5. SEX	6. RACE	7. INDEXED	8. BIRTHPLACE (City & State or Foreign Country)
MALE	WHITE	YES	DALLAS, TX
9. SOCIAL SECURITY NUMBER	10. MARITAL STATUS AT TIME OF DEATH	11. DECEASED'S USUAL RESIDENCE (City & State or Foreign Country)	12. DECEASED'S USUAL RESIDENCE (City & State or Foreign Country)
480-88-7748	MARRIED	DESOIT, TX	DESOIT, TX
13. RESIDENCE STREET ADDRESS	14. CITY/TOWNSHIP/ZIP (If outside city limits, give precinct and county)	15. COUNTY	16. STATE
510 WILDVINE DR	DESOIT, TX 75115	DESOIT	TX
17. FATHER/MOTHER'S NAME PRIOR TO FIRST MARRIAGE	18. FATHER/MOTHER'S NAME PRIOR TO FIRST MARRIAGE	19. FATHER/MOTHER'S NAME PRIOR TO FIRST MARRIAGE	20. FATHER/MOTHER'S NAME PRIOR TO FIRST MARRIAGE
DOUGLAS DUNCAN	DOUGLAS DUNCAN	DOUGLAS DUNCAN	DOUGLAS DUNCAN
21. PLACE OF DEATH (Check one)	22. PLACE OF DEATH (Check one)	23. PLACE OF DEATH (Check one)	24. PLACE OF DEATH (Check one)
<input checked="" type="checkbox"/> Hospital	<input type="checkbox"/> Home	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Other (Specify)
25. COUNTY OF DEATH	26. CITY/TOWNSHIP/ZIP (If outside city limits, give precinct and county)	27. FACILITY NAME (If not institution, give street address)	28. FACILITY NAME (If not institution, give street address)
DALLAS	DESOIT, TX 75115	510 WILDVINE DR	DESOIT, TX 75115
29. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	30. ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	31. ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	32. ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)
VIVIAN DUNCAN - SPOUSE	510 WILDVINE DR, DESOIT, TX 75115	510 WILDVINE DR, DESOIT, TX 75115	510 WILDVINE DR, DESOIT, TX 75115
33. METHOD OF DEATH (Check one)	34. METHOD OF DEATH (Check one)	35. METHOD OF DEATH (Check one)	36. METHOD OF DEATH (Check one)
<input type="checkbox"/> Natural	<input type="checkbox"/> Poison	<input type="checkbox"/> Suffocation	<input type="checkbox"/> Other (Specify)
37. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	38. LOCATION (City/Township, State)	39. LOCATION (City/Township, State)	40. LOCATION (City/Township, State)
TYLER CREMATORY	BULLARD, TX	BULLARD, TX	BULLARD, TX
41. NAME OF FUNERAL FACILITY	42. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	43. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	44. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
BROOKS STERLING & GARRETT FUNERAL DIRECTORS	302 NORTH ROSS AVE, TYLER, TX 75702	302 NORTH ROSS AVE, TYLER, TX 75702	302 NORTH ROSS AVE, TYLER, TX 75702
45. SIGNATURE OF CERTIFIER	46. DATE CERTIFIED (mm-dd-yyyy)	47. LICENSE NUMBER	48. TIME OF DEATH (mm-dd-yyyy)
ANN NGUYEN, BY ELECTRONIC SIGNATURE	AUGUST 4, 2020	00474	06:41 AM
49. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)	50. TITLE OF CERTIFIER	51. TITLE OF CERTIFIER	52. TITLE OF CERTIFIER
ANN NGUYEN, 1800 VICEROY SUITE 400, DALLAS, TX 75205	MD	MD	MD
53. PART 1: ENTER THE CHAIN OF EVENTS - DISEASE, INJURY, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE PRECEDING CAUSE. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
a. STAGE 4 COLON CANCER Due to (or as a consequence of)			
b. Due to (or as a consequence of)			
c. Due to (or as a consequence of)			
d. Due to (or as a consequence of)			
54. PART 2: ENTER OTHER CAUSES (Check one)			
<input type="checkbox"/> Significant conditions contributing to death - but not resulting in the underlying cause			
<input type="checkbox"/> Was an autopsy performed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
55. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
56. MANNER OF DEATH	57. DID TOBACCO USE CONTRIBUTE TO DEATH?	58. IF FEMALE	59. IF TRANSPORTATION INJURY, SPECIFY
<input checked="" type="checkbox"/> Natural	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not pregnant within past year	<input type="checkbox"/> Driver/Operator
<input type="checkbox"/> Accident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pregnant at time of death	<input type="checkbox"/> Passenger
<input type="checkbox"/> Suicide	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	<input type="checkbox"/> Pedestrian
<input type="checkbox"/> Homicide	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Pending Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unknown if pregnant within the past year	
<input type="checkbox"/> Could not be determined			
60. DATE OF INJURY (mm-dd-yyyy)	61. TIME OF INJURY	62. INJURY AT WORK?	63. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
64. LOCATION (Street and Number, City, State, Zip Code)	65. COUNTY OF INJURY	66. COUNTY OF INJURY	67. COUNTY OF INJURY
68. DESCRIBE HOW INJURY OCCURRED			
69. REGISTRAR FILE NO.	70. DATE RECEIVED BY LOCAL REGISTRAR	71. REGISTRAR	72. REGISTRAR
01004311	AUGUST 7, 2020		
ECR NUMBER 00004444701074			
This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.			
ISSUED Aug 10 2020			
WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND			
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE			